



CITY OF DELTONA
BUILDING AND ENFORCEMENT SERVICES
2345 Providence Blvd
Deltona, FL 32725
Ph (386) 878-8650 Fx (386) 878-8651

Inspection Affidavit

This affidavit must be signed and inspected by the licensed individual as stated below.
Site workers are not authorized to do the inspection and fill in the time and date.

Affidavit must be provided at the job-site prior to dry-in inspection

Permit # _____

DATE: _____

I _____, licensed as a(n) Contractor* /Engineer/Architect, FS 468 Building Inspector*
(please print name) (circle license type)

License #; _____ On or about _____,
(Date & time)

I did personally inspect the **Roof deck nailing or secondary water barrier**
(circle one)

work at _____,
(Job Site Address)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature

STATE OF FLORIDA, COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____ who is
personally known to me or who has produced _____ (type of ID) identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

(SEAL)

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.